



CARRIER:

Empty box for carrier information

Bar / Restaurant Product Application

YOU CAN OBTAIN A QUOTE BY PROVIDING THE INFORMATION IN SECTION I - INSTANT QUOTE BELOW, SUBJECT TO THE REMAINDER PROVIDED PRIOR TO BINDING.

I. INSTANT QUOTE INFORMATION

Instant Quote is only available for accounts with no losses in the past three years. If there is loss history, please complete the entire application.

Applicant's name: _____

Location address: _____ Same as mailing address.

City: _____ State: _____ Zip: _____

Web address: _____

Description of operations:

Do you own the building? Yes No (If "No", skip Building Owner Questions under both the Property and Liability sections below)

How many years has the applicant been at the current location? _____

Property Section

Construction: Frame Joisted masonry Non-combustible Masonry non-combustible
 Modified fire-resistive Fire-resistive Other _____

Protection class: _____

Requested cause of loss: Basic Special

Requested valuation: Replacement cost Actual cash value

Deductible: \$1,000 \$2,500 \$5,000

Coinsurance: 80% 90% 100%

Business personal property limit \$ _____

Business income and extra expense limit \$ _____

Is there commercial cooking on the premises? Yes No

What type of extinguishing system is functioning and operational? Wet Dry

Is there a deep fat fryer on the premises? Yes No

Building Owner

Building limit \$ _____

What year was the building constructed? _____

What is the square footage of the entire structure? _____ sq. ft.

Is the building fully protected by an operational sprinkler system covering 100% of the premises? Yes No

General Liability Section

Food Sales	Alcohol Sales	Other Receipts	Total Annual Receipts
\$ _____	\$ _____	\$ _____	\$ _____

Limit: \$100,000/\$200,000 \$300,000/\$600,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

Years of experience the applicant has in managing this type of operation _____

How many nights of major entertainment per week? _____

Is the applicant a Gentlemen's Club or is adult/exotic dancing provided? Yes No

Is there a dance floor? Yes No

Does the applicant allow patrons to bring in their own alcohol on the premises? Yes No

Are there tables? Yes No

If "Yes," is there table service? Yes No

Does the applicant hire or utilize bouncers, security or doormen? Yes No

Does the establishment have a child's play area? Yes No

Does the establishment serve raw seafood? Yes No

What is the latest hour of operation? _____

In the past three years, have there been any previous claims involving assault and/or battery? Yes No

Building Owner

Is any portion of the building leased to commercial tenants? Yes No If "Yes", applicable sq. ft. _____

Does the applicant lease any apartments at this location? Yes No If "Yes", number of units _____
Applicable sq. ft. _____

Additional Interests (AI = Additional Insured, LP = Loss Payee, M = Mortgagee)

Name	Relationship/Interest	Address	City, State, Zip	AI	LP	M
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you desire a Liquor Liability Quote, please complete Section IV Eligibility Criteria, Liquor Liability section of this application.

II. LOSS INFORMATION FOR THE PAST THREE YEARS

Property Coverages			<input type="checkbox"/> None (if "yes", provide detail below)
Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

General Liability Coverages			<input type="checkbox"/> None (if "yes", provide detail below)
Year	Status	Incurred	Description
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____
_____	Open/Closed	\$ _____	_____

III. ADDITIONAL PROPERTY INFORMATION

If you own the building and it is more than 10 years old, please complete the following:

Age of roof _____ yrs. Plumbing updated _____ yrs. Electrical updated _____ yrs. Heating updated _____ yrs.
 Roof type: Flat Wood shake Shingle Metal Tile Slate Other _____
 Plumbing type: PVC Copper Lead Galvanized Other _____
 What type of burglar alarm is on the premises? Central station Local gong None

IV. ELIGIBILITY CRITERIA

1. No bankruptcies, tax or credit liens against the applicant in the last five years True False
2. No tax liens or back taxes owed on the property True False
3. Coverage has not been cancelled or non-renewed in the last three years (not applicable in Missouri) True False
 If "False", advise reason _____

Property

1. For any building built prior to 1978, 100% of the electric wiring is on functioning and operating circuit breakers N/A True False
2. For any building built prior to 1978, there is no aluminum wiring or knob and tube wiring N/A True False
3. All cooking equipment has an in-force cleaning contract True False
4. Business does not operate on a seasonal basis True False
5. Functioning and operational fire extinguishers available True False
6. Functioning and operational smoke and/or heat detectors in all units and/or occupancies True False

General Liability

1. Applicant has not, is not and will not act as a franchisor (grantor of a franchise) True False
2. All public areas are equipped with functioning and operational smoke/heat detectors True False
3. All alcohol served within the legally allowable time frames True False
4. Applicant is the only occupancy in the building or all deep fat frying appliances have automatic extinguishing systems and are all NFPA 96 compliant True False
5. Every floor with public access has at least two means of egress (exits) True False
6. No exposure to pyrotechnic displays, foam machines, moon bounces, trampolines, rock walls or swimming pools True False
7. No exposure to mechanical bull or mechanical riding devices True False
8. Not situated on a vessel True False
9. Patrons under 21 years of age are not permitted in the bar area after 11 p.m. and applicant does not have "teen," "under 21" or similar functions True False
10. No inhalation of oxygen gas from tanks or hookah smoking on premises True False

Liquor Liability

1. What year did the applicant start this business at this location? _____
2. Limits desired: Each common cause limit: _____ Aggregate limit: _____
3. Have there been any citations, violations, charges or enforcement actions at this location within the past five years? Yes No
 If "Yes", provide the following information on each citation, violation, charge or enforcement action:
 Date(s): _____
 Description(s): _____
 Measures in place to prevent future incidents: _____
4. Has the applicant had any reported liquor liability and/or assault and battery claims or notification of potential liquor liability and/or assault and battery claims at this location within the past five years? Yes No
 If "Yes", provide the following information on each claim:
 Date(s): _____
 Description(s): _____
 Total incurred losses (reserves and payments): _____
 Status: _____

Measures in place to prevent future incidents:

5. Does applicant feature any entertainment? Yes No
 If "Yes", check all of the following types that apply and the number of times per week or year:
 Adult entertainment/exotic dancing _____ per week or _____ per year
 Band (three or more members, excluding jazz bands) _____ per week or _____ per year
 DJ with dancing _____ per week or _____ per year
 Dance club/dance hall _____ per week or _____ per year
 Banquet entertainment by applicant or lessee _____ per week or _____ per year
6. Does the establishment have a bar with seating? Yes No
7. What time does the sale or service of alcohol cease? _____ a.m. p.m. 24 hours
8. Does the establishment attract a predominantly youthful clientele ranging from 21–25 years of age? Yes No
9. Are all alcohol-serving employees certified in a formal alcohol training course not mandated by the state? Yes No
10. Does the establishment utilize an identification scanner on all patrons regardless of age? Yes No
11. Is BYOB (bring your own bottle) permitted for other than banquet operations? Yes No
 If "Yes," complete the following:
 What is the maximum occupancy of the establishment? _____
 What percentage of patrons brings their own bottle? less than 50% 50% or more
12. Does applicant ever sell or serve alcohol away from the premises? Yes No
Note: If off-premises coverage is desired, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission.
13. Does the applicant maintain general liability insurance at limits equal to or greater than applicant's liquor liability limits? Yes No
14. Has the applicant or any principal with a controlling interest in the applicant filed for bankruptcy in the last 12 months? Yes No
15. Will the applicant maintain a valid liquor license, if required by ordinance or law, prior to the applicant selling, serving or distributing alcohol? Yes No
 a. Name on the license: _____
 b. License #: _____
16. Are employees or other persons selling or serving alcohol permitted to consume alcohol during their hours of employment or service? Yes No
17. Within the past five years, has the applicant's liquor liability insurance been cancelled or non-renewed? Yes No
 If yes, please explain: _____
18. Is the applicant a franchisee? Yes No
19. Does or will applicant ever offer:
 a. Bottle service or set-ups? Yes No
 b. Drink specials/happy hours? Yes No
 c. Drink specials/happy hours after 9 p.m.? Yes No
 d. Beer pong or other drinking games? Yes No
 e. More than two complimentary drinks per patron per day? Yes No
 f. "All you can drink" specials or other offers involving unlimited alcoholic beverages? Yes No
20. What is the lowest price offered for a single serving of beer including happy hours and specials? _____
21. What is the lowest price offered for a single serving of wine/liquor including happy hours and specials? _____
22. Are patrons under the legal drinking age permitted on the premises? Yes No
23. Are patrons under the legal drinking age permitted on the premises past 11 p.m.? Yes No

A. RESTAURANTS OR BARS WITH BANQUET OPERATIONS:

Note: If operation is strictly a banquet hall, attach a completed Catering Plus Liquor Liability Application, form CP-LLA, to this submission.

24. a. Are only the applicant and its authorized employees or members permitted to serve alcohol at all events where alcohol is present? Yes No
 b. If persons serving alcohol are not the applicant or its authorized employees or members, are they required to carry liquor liability insurance with limits equal to or greater than limits covered under applicant's liquor policy and name applicant as an additional insured? Yes No

B. FINE DINING ESTABLISHMENTS ONLY:

25. a. Is the average entrée price greater than \$20? Yes No
 b. Is the average bottle of wine price greater than \$30? Yes No
 c. Is the number of bottles on the wine list greater than 10? Yes No

C. NON-PROFIT PRIVATE, FRATERNAL OR SOCIAL CLUBS:

26. a. Is the applicant a nonprofit private, fraternal or social club? Yes No
 b. Are same-day memberships available? Yes No
 c. Are members permitted to bring more than three guests per day (excluding banquet activities and immediate family members)? Yes No

- d. Is self service of alcohol by members permitted? Yes No
- e. Are any single drinks sold for less than \$0.50? Yes No
- f. Is BYOB (bring your own bottle) permitted for banquet operations only? Yes No
- g. Minnesota risks only: Does applicant's liquor license restrict service to club members and legitimate guests? Yes No

D. BRING YOUR OWN BOTTLE (BYOB) RESTAURANTS:

- 27. a. Does the establishment have a wait staff that actively monitors all alcohol consumption, and requests a valid ID from all patrons? Yes No
- b. Are patrons permitted to bring hard alcohol on the premises? Yes No

E. ON-PREMISES TASTING OF ALCOHOL:

- 28. a. Is eight ounces the maximum amount of complimentary samples permitted for any one patron per day? Yes No
- b. If someone other than the applicant's employees is serving the samples, are they required to carry their own liquor liability insurance at limits equal to or greater than the applicant's? Yes No

F. ADDITIONAL APPLICANT INFORMATION

Form of business: Individual Corporation Partnership LLC Other _____

What year did the business start? _____

Applicant's mailing address: _____ (if different than the location address above)

City: _____ State: _____ Zip: _____

Email address of primary contact: _____ Phone: _____

Inspection contact name: _____ Telephone/E-mail address: _____

Audit contact name: _____ Telephone/E-mail address: _____

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Florida Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Maine Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits

Maryland Fraud Statement: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee, Virginia and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____ Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____